

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

101019708

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3		2				
4		0				
5		0				
6		0				
7	1					
8		1				
9						
10						
11		1				
12	1					
13		1				
14		0				
15	1					
16		0	1			
17		0				
18		0				
19		0				
20		0				
21		0				
22		0				
23		0				
24		0				
25		0				
26		0				
27		0				
28		0				
29		0				
30		0				
31						
32						
33						
34						
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37						
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39						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	4		4			
TOTAL DEP.			24			
TOTAL CLAIMS		31				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
53								
54								
55								
56								
57								
58								
59								
60								
61								
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94								
95								
96								
97								
98								
99								
100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								